

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002884

**FILED**  
**May 01, 2024**  
**Secretary of State**  
**5508791064CC**

**Entity Name:** HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715

**Current Mailing Address:**

1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715

**FEI Number:** 95-2413390

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, GENERAL COUNSEL,  
CORP SECRETARY, & CCO  
Name CARLEY, DONALD M  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title VP & TAX DIRECTOR  
Name STUENKEL, JEREMY  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, EXEC VP & CFO  
Name CONKLIN, BRET A  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, CHAIRMAN, PRESIDENT &  
CEO  
Name ZURAITIS, MARITA  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, EVP  
Name SHARPE, MATTHEW P  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title VP & TREASURER  
Name GAYLE, TROY M  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title SVP, DIRECTOR  
Name DESROCHERS, MARK R  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title ASSISTANT CORPORATE  
SECRETARY  
Name MICHAEL, LINEA K  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STUENKEL, JEREMY

**VP & TAX DIRECTOR**

**05/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SVP  
Name JOHNSON, KIMBERLY A  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR  
Name WECKENBROCK, MICHAEL  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title SVP  
Name GREENIER, RYAN  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, EVP & CHIEF OPERATING  
OFFICER  
Name MC ANENA, STEPHEN  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715